

JAN 15 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42862

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 83
 (b) Township Crawford Primary Registration District No. 5124
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 7 yrs. 3 mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

541
 Amanda Katherine Dunlap
 (a) Residence, No. Delkalt Mo RR #1 - 3 1/2 mi. East St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. Wallace Dunlap

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 3 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Buchanan Co. (STATE OR COUNTRY) Missouri

FATHER 13. NAME William Mark

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Mary Seal

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) J. Wallace Dunlap
Delkalt Mo. RR #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Faucett Mo. Cem. DATE Nov. 7, 1939

19. FUNERAL DIRECTOR (NAME) Heaton BeGolt Bowman (ADDRESS) St Joseph Missouri

20. FILED 39 W. S. Hull Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1939 to Nov. 5, 1939
 I last saw her alive on Nov 5, 1939. Death is said to have occurred on the date stated above, at 9:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Chronic Myocarditis
 Date of onset unknown

Name of operation none Date of _____
 What test confirmed diagnosis? chest x-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify (Signed) Maxwell Day M. D.
 (Address) 2140 N 7th, St Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District: Western Union No. 11
District File Number 140-1875
Date Filed JAN 11 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by H. W. S. J.

....., Registered Apprentice No.....
working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 2007

P. O. Address 319 8010 St. Paul

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.